

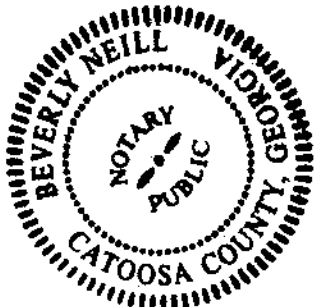
FT. OGLETHORPE INCIDENT REPORT

AGENCY ID
GA0230100

INTERNAL USE ONLY
ORIGINAL REPORT

CASE NUMBER
150900027

Statute	INCIDENT TYPE 16-5-70 CRUELTY TO CHILDREN - FEL-1ST DEGREE	CNT 1	GOC UCR CODE 3802	UCR DESCRIPTION FAMILY OFFENSE: CRUELTY TOWARD CHILD								
EVENT	LOCATION DESCRIPTION AND ADDRESS LAKEVIEW MIDDLE SCHOOL 416 CROSS STREET FT. OGLETHORPE, GA 30742		ZONE 									
	PREMISE TYPE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>HIGHWAY</td> <td>SVC STATION</td> </tr> <tr> <td>CONVENIENCE STORE</td> <td>BANK</td> </tr> <tr> <td>COMMERCIAL</td> <td><input checked="" type="checkbox"/> RESIDENCE</td> </tr> <tr> <td>SCHOOL/CAMPUS</td> <td>ALL OTHERS</td> </tr> </table>		HIGHWAY	SVC STATION	CONVENIENCE STORE	BANK	COMMERCIAL	<input checked="" type="checkbox"/> RESIDENCE	SCHOOL/CAMPUS	ALL OTHERS	DISCOVERED BY <input type="checkbox"/> Officer On Patrol <input type="checkbox"/> Reporting Party <input type="checkbox"/> Private Security <input type="checkbox"/> Alarm <input checked="" type="checkbox"/> Complainant	
	HIGHWAY	SVC STATION										
	CONVENIENCE STORE	BANK										
COMMERCIAL	<input checked="" type="checkbox"/> RESIDENCE											
SCHOOL/CAMPUS	ALL OTHERS											
INCIDENT DATE TIME DATE TIME 08/28/2015 0800 TO 08/30/2015 2359		STRANGER TO STRANGER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>										
DAY OF THE WEEK (INCIDENT) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>SUN</td><td>MON</td><td>TUE</td><td>WED</td><td>THU</td><td>FRI</td><td>SAT</td><td>UNK</td> </tr> </table>		SUN	MON	TUE	WED	THU	FRI	SAT	UNK	WEATHER CONDITIONS 		
SUN	MON	TUE	WED	THU	FRI	SAT	UNK					
PROPERTY TOTALS	01 - VEHICLES <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>STOLEN</td><td> </td></tr> <tr><td>RECOVERED</td><td> </td></tr> </table>		STOLEN		RECOVERED		02 - CURRENCY, NOTES, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>					
	STOLEN											
	RECOVERED											
	03 - JEWELRY, PREC. METALS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>				04 - FURS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>							
05 - CLOTHING <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>STOLEN</td><td> </td></tr> <tr><td>RECOVERED</td><td> </td></tr> </table>		STOLEN		RECOVERED		06 - OFFICE EQUIP. <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>						
STOLEN												
RECOVERED												
07 - TV, RADIO, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>				08 - HOUSEHOLD GOODS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>								
09 - FIREARMS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>STOLEN</td><td> </td></tr> <tr><td>RECOVERED</td><td> </td></tr> </table>		STOLEN		RECOVERED		10 - CONSUMABLE GOODS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>						
STOLEN												
RECOVERED												
11 - LIVESTOCK <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>				12 - OTHER <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>								
TOTALS		THEFT / RECV <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>										
RECOVERY DATE												
DRUG	DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
	IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER											
	DRUG 1 	DRUG 2 	DRUG 3 	DRUG 4 								
	DRUG 5 	DRUG 6 	DRUG 7 	DRUG 8 								
DID INVESTIGATION INDICATE THAT INCIDENT WAS GANG RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
NAME OF GANG 												
STATE	OCA <input type="checkbox"/> ENTRY <input type="checkbox"/> CANCEL <input type="checkbox"/> CLEARANCE <input type="checkbox"/>		CASE STATUS									
	PERSON <input type="checkbox"/> WARRANT <input type="checkbox"/> VEHICLE <input type="checkbox"/> ARTICLE <input type="checkbox"/> BOAT <input type="checkbox"/> GUN <input type="checkbox"/>		ACTIVE <input checked="" type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EX CLEARED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> INACTIVE <input type="checkbox"/>									
ADMINISTRATION	ARREST AT OR NEAR OFFENSE SCENE YES <input type="checkbox"/> NO <input type="checkbox"/>		TOTAL NUMBER ARRESTED 									
	EVIDENCE COLLECTED? <input type="checkbox"/> N <input type="checkbox"/> PHOTOS TAKEN? <input type="checkbox"/> N <input type="checkbox"/>		DATE OF REPORT 09/04/2015									
	PRINTS TAKEN? <input type="checkbox"/> N <input type="checkbox"/> COMPLAINT UNFOUNDED? <input type="checkbox"/> N <input type="checkbox"/>		FOLLOW UP - PATROL? <input type="checkbox"/> N <input type="checkbox"/> CLEARANCE DATE									
	BIO/DNA EVIDENCE? <input type="checkbox"/> N <input type="checkbox"/> WILLING TO PROSECUTE? <input type="checkbox"/> U <input type="checkbox"/>		FOLLOW UP - DETECTIVES <input type="checkbox"/> Y <input type="checkbox"/> CASE STATUS ACTIVE									
	REPORTING OFFICER 102 LT. STEVE BLEVINS		RESPONSE CODE									
	APPROVING OFFICER		REVIEWED BY									
APPROVED DATE		REVIEWED DATE										
		DIVISION ASSIGNED										
		ASSIGNED DATE										
		INVESTIGATOR ASSIGNED 102 LT. STEVE BLEVINS										
		ASSIGNED DATE 09/05/2015										



FT. OGLETHORPE INCIDENT REPORT

NCY ID
GA0230100

CASE NUMBER
150900027

PERSONS	<input checked="" type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFENDER <input type="checkbox"/> PRIMARY AGGRESSOR <input type="checkbox"/> JUVENILE <input type="checkbox"/> RAPE VICTIM									
	NAME: BALDRIDGE, KIRBI ADDRESS: 700 CITY HALL DRIVE CITY: FT. OGLETHORPE ST: GA ZIP: 30742 EMAIL: _____ SSN: _____ RACE: _____ HEIGHT: _____ HAIR: _____ DOB: _____ AGE: _____ SEX: _____ WEIGHT: _____ EYES: _____ MISSING: <input type="checkbox"/> DEAD/UNIDENTIFIED: <input type="checkbox"/> UNKNOWN: <input type="checkbox"/> RETURNED: <input type="checkbox"/> WANTED: <input type="checkbox"/> SUSPECT: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARRESTED: <input type="checkbox"/>					TYPE: _____ EMP: DFCS/CPS SCHOOL: _____ PHONE: 706-866-5511 CELL: _____				
OFF. DATE/TIME: _____ ARR. AGENCY: _____ ORI: _____ ARREST DATE: _____ ARREST TIME: _____ ARREST / AT NEAR: <input type="checkbox"/> OFFENDER TRACK NO.: _____ GCIC CLASS. NO.: _____										
CHARGES STATUTE: _____ INCIDENT TYPE: _____ CNT: _____ UCR CODE: _____ UCR DESCRIPTION: _____										
PERSONS	<input type="checkbox"/> COMPLAINANT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFENDER <input type="checkbox"/> PRIMARY AGGRESSOR <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> RAPE VICTIM									
	NAME: SINGLETON, HALEY ADDRESS: P.O. BOX 21608 CITY: CHATTANOOGA ST: TN ZIP: 37424 EMAIL: _____ SSN: _____ RACE: W HEIGHT: _____ HAIR: _____ DOB: 02/15/2001 AGE: 14 SEX: F WEIGHT: _____ EYES: _____ MISSING: <input type="checkbox"/> DEAD/UNIDENTIFIED: <input type="checkbox"/> UNKNOWN: <input type="checkbox"/> RETURNED: <input type="checkbox"/> WANTED: <input type="checkbox"/> SUSPECT: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARRESTED: <input type="checkbox"/>					TYPE: _____ EMP: _____ SCHOOL: LAKEVIEW MIDDLE SCHOOL PHONE: _____ CELL: 407-230-8968				
OFF. DATE/TIME: _____ ARR. AGENCY: _____ ORI: _____ ARREST DATE: _____ ARREST TIME: _____ ARREST / AT NEAR: <input type="checkbox"/> OFFENDER TRACK NO.: _____ GCIC CLASS. NO.: _____										
CHARGES STATUTE: _____ INCIDENT TYPE: _____ CNT: _____ UCR CODE: _____ UCR DESCRIPTION: _____										
PERSONS	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFENDER <input type="checkbox"/> PRIMARY AGGRESSOR <input type="checkbox"/> JUVENILE <input type="checkbox"/> RAPE VICTIM									
	NAME: SINGLETON, JENNIFER A. ADDRESS: P.O. BOX 21608 CITY: CHATTANOOGA ST: TN ZIP: 37424 EMAIL: _____ SSN: 590-58-3770 RACE: W HEIGHT: 502 HAIR: BLN DOB: 03/29/1973 AGE: 42 SEX: F WEIGHT: 200 EYES: BLU MISSING: <input type="checkbox"/> DEAD/UNIDENTIFIED: <input type="checkbox"/> UNKNOWN: <input type="checkbox"/> RETURNED: <input type="checkbox"/> WANTED: <input type="checkbox"/> SUSPECT: <input checked="" type="checkbox"/> WARRANT: <input type="checkbox"/> ARRESTED: <input type="checkbox"/>					TYPE: _____ EMP: _____ SCHOOL: _____ PHONE: _____ CELL: 407-230-8968				
OFF. DATE/TIME: _____ ARR. AGENCY: _____ ORI: _____ ARREST DATE: _____ ARREST TIME: _____ ARREST / AT NEAR: <input type="checkbox"/> OFFENDER TRACK NO.: _____ GCIC CLASS. NO.: _____										
CHARGES STATUTE: _____ INCIDENT TYPE: _____ CNT: _____ UCR CODE: _____ UCR DESCRIPTION: _____										
PERSONS	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OFFENDER <input type="checkbox"/> PRIMARY AGGRESSOR <input type="checkbox"/> JUVENILE <input type="checkbox"/> RAPE VICTIM									
	NAME: GIL, CHERYL L. ADDRESS: P.O. BOX 21608 CITY: CHATTANOOGA ST: TN ZIP: 37424 EMAIL: _____ SSN: _____ RACE: W HEIGHT: _____ HAIR: GRY DOB: 07/23/1947 AGE: 68 SEX: F WEIGHT: _____ EYES: _____ MISSING: <input type="checkbox"/> DEAD/UNIDENTIFIED: <input type="checkbox"/> UNKNOWN: <input type="checkbox"/> RETURNED: <input type="checkbox"/> WANTED: <input type="checkbox"/> SUSPECT: <input checked="" type="checkbox"/> WARRANT: <input type="checkbox"/> ARRESTED: <input type="checkbox"/>					TYPE: _____ EMP: _____ SCHOOL: _____ PHONE: _____ CELL: 407-230-8676				
OFF. DATE/TIME: _____ ARR. AGENCY: _____ ORI: _____ ARREST DATE: _____ ARREST TIME: _____ ARREST / AT NEAR: <input type="checkbox"/> OFFENDER TRACK NO.: _____ GCIC CLASS. NO.: _____										
CHARGES STATUTE: _____ INCIDENT TYPE: _____ CNT: _____ UCR CODE: _____ UCR DESCRIPTION: _____										

FT. OGLETHORPE INCIDENT REPORT

ACY ID
JA0230100

CASE NUMBER
150900027

NARRATIVE		Seq. No.
Narrative Type	Reporting Officer	Statement Date Time
NARRATIVE	102 LT. STEVE BLEVINS	09/04/2015 1530
<p>CHILD PROTECTIVE SERVICES INVESTIGATOR, KIRBI BALDRIDGE CONTACTED ME BY PHONE AND ASKED ME TO MEET HER IN REFERENCE TO A CHILD, H.S., 14 YEARS OF AGE WHO WOULD NOT GO HOME AT THE END OF THE SCHOOL DAY. I MET WITH MS BALDRIDGE AT LAKEVIEW MIDDLE AND WAS ADVISED THERE WAS ALLEGATIONS OF ABUSE AT THE CHILD'S HOME. SEE INVESTIGATIVE REPORT FOR ADDITIONAL INFORMATION.</p> <p>SB</p>		

SUPPLEMENT		Seq. No.
Narrative Type	Reporting Officer	Statement Date Time
SUPPLEMENT	102 LT. STEVE BLEVINS	09/04/2015 1530
<p>KIRBI BALDRIDGE, C.P.S. INVESTIGATOR CONTACTED ME AND TOLD ME A 14 YEAR OLD FEMALE WAS REFUSING TO GO HOME TODAY BECAUSE SHE WAS AFRAID SHE WOULD BE BEATEN BY HER MOTHER AND OTHERS WHEN SHE GOT HOME, BECAUSE SHE HAD DISCLOSED PREVIOUS PHYSICAL ABUSE TO HER SCHOOL COUNSELOR, JOHN TRAVILLIAN. MR. TRAVILLIAN HAD CONTACTED DFCS AND MADE A REFERRAL ON BEHALF OF THE CHILD, H.S.</p> <p>WHEN I ARRIVED AT LAKEVIEW MIDDLE AND MET WITH MS BALDRIDGE SHE TOLD ME THE CHILD STATED SHE WAS ASSAULTED BY HER MOTHER AND GRANDMOTHER ON FRIDAY (8/28) AND SATURDAY (8/29). THE CHILD STATED SHE WAS HELD DOWN AND HIT BY BOTH HER MOTHER AND GRANDMOTHER. MS BALDRIDGE HAD TAKEN PHOTOS OF SOME HEALING BRUISES UNDER HER RIGHT EYE AND RIGHT UPPER ARM THAT SHE STATED SHE RECEIVED DURING THE ASSAULT. MS BALDRIDGE STATED THE CHILD'S MOTHER, JENNIFER SINGLETON HAD BEEN CONTACTED AND WAS ON THE WAY TO THE SCHOOL.</p> <p>AT APPROXIMATELY 15:58 HOURS THE CHILD'S GRANDMOTHER, CHERYL GILL ARRIVED AT THE SCHOOL. SHE STATED HER DAUGHTER TOLD HER TO COME PICK UP H.S. AS SHE HAD MISSED HER BUS. MS BALDRIDGE AND I INTRODUCED OURSELVES AND EXPLAINED THE COMPLAINT TO MRS. GIL. SHE STATED H.S. IS EMOTIONALLY DISTURBED STATING H.S. WAS RECENTLY RELEASED FROM IN-HOUSE TREATMENT FROM THE "VILLAGE" IN KNOXVILLE, TENNESSEE. SHE STATED IN ADDITION TO H.S. BEHAVIOR PROBLEMS, INCLUDING ANGER AND PERIODS OF "RAGE" SHE IS SUSPECTED OF HAVING MULTIPLE PERSONALITY DISORDER BUT STATED A DIAGNOSIS OF M.P.D. COULD NOT BE MADE UNTIL H.S. IS 18 YEARS OF AGE. MRS. GIL STATED MS SINGLETON TOLD HER H.S. HAD ONE OF HER "LITTLE FITS" ON FRIDAY EVENING BECAUSE SHE WAS UPSET ABOUT A "CHORE" SHE HAD PICKED TO DO. SHE STATED MS SINGLETON TOLD HER SHE HAD TO RESTRAIN H.S., AS THEY HAVE BEEN INSTRUCTED TO DO BY PREVIOUS COUNSELORS. SHE STATED H.S. HAD BEEN HITTING AND KICKING DURING THIS FIT. MRS. GIL STATED ON SATURDAY MS SINGLETON BROUGHT THE CHILDREN TO HER HOUSE BEFORE SHE WENT TO WORK. SHE STATED H.S. WAS STILL UPSET THAT DAY AND THEY ARGUED. SHE STATED H.S. WENT INTO A FIT AND SHE AND MS SINGLETON RESTRAINED H.S. SHE STATED HER HUSBAND, WHO IS DISABLED TRIED TO HELP HOLD H.S. ARM AND HE WAS STRUCK DURING THE ALTERCATION. MRS. GIL STATED H.S. COULD HAVE BEEN BRUISED DURING THIS TIME BUT WAS NOT SURE. MRS. GIL CONTACTED MS SINGLETON AND TOLD HER SHE WOULD NEED TO MEET WITH US AT THE SCHOOL.</p> <p>AT APPROXIMATELY 16:40 HOURS MS SINGLETON ARRIVED AT THE SCHOOL. I EXPLAINED OUR CONCERNS TO HER AND SHE AGREED TO TALK WITH MS BALDRIDGE AND I. MS</p>		

FT. OGLETHORPE INCIDENT REPORT

AGENCY ID
GA0230100

CASE NUMBER
150900027

SUPPLEMENT

Narrative Type	Reporting Officer	Statement Date	Time
SUPPLEMENT	102 LT. STEVE BLEVINS	09/04/2015	1530

SINGLETON STATED H.S. HAS HAD PROBLEMS SINCE THEY WERE ALL ABUSED BY HER HUSBAND IN FLORIDA. SHE STATED H.S. HAS BEEN IN NUMEROUS TREATMENT PROGRAMS BUT HER INSURANCE HAS RUN OUT FOR THE YEAR. SHE STATED SHE PROBABLY WON'T PUT H.S. BACK IN TREATMENT AS NOTHING SEEMS TO WORK FOR HER. SHE STATED H.S. HAS ALL THE TOOLS SHE NEEDS TO CONTROL HER ANGER BUT REFUSES TO USE THEM. SHE STATED ON FRIDAY (8/28) THEY HAD GUEST OVER FOR SUPPER. SHE STATED SHE HAD H.S. AND HER BROTHER, S.S. DO THE DISHES. SHE STATED SHE OVER HEARD H.S. BEING MEAN TO HER BROTHER AND CALLED HER OUT, STATING SHE, H.S. WOULD HAVE TO WRITE A LETTER OF APOLOGY TO HIM. SHE SAID H.S. GOT ANGRY SO SHE HAD HER STAND IN THE CORNER. SHE STATED HER OTHER SON, A.S. OPENED A DOOR AND BUMPED H.S. BY MISTAKE. SHE SAID H.S. GOT INTO A RAGE AND SLAMMED THE DOOR BACK AT A.S. MS SINGLETON STATED H.S. STARTED HITTING A.S. AND SHE TRIED TO RESTRAIN H.S. BY PUTTING HER ON THE FLOOR AND HOLDING HER DOWN. MS SINGLETON HAD VIDEO ON HER CELL PHONE THAT SHE ALLOWED US TO WATCH. THE VIDEO BEGINS AFTER THE ALTERCATION AND SHOWS THE MOTHER TALKING TO H.S. TRYING TO CALM HER. EVENTUALLY H.S. DOES CALM DOWN AND AT ONE POINT IS LAUGHING AT HER MOTHER. SB

SUPPLEMENT

Seq. No. 3

Narrative Type	Reporting Officer	Statement Date	Time
SUPPLEMENT	102 LT. STEVE BLEVINS	09/04/2015	1530

MS BALDRIDGE AND I MET WITH H.S. SHE STATED HER MOTHER MADE HER STAND IN THE CORNER BECAUSE SHE SAID SHE HAD BEEN MEAN TO HER BROTHER, SETH. SHE STATED WHILE SHE WAS STANDING IN THE CORNER, HER OTHER BROTHER, AIDEN OPENED A DOOR INTO HER AS HE CAME INTO THE HOUSE, STRIKING HER IN THE BUTT WITH THE DOOR. SHE STATED SHE THOUGHT HE MEANT TO AND SHE GOT MAD AND ATTACKED HIM. SHE STATED HER MOM TRIED TO BREAK THEM UP AND AS HER MOTHER HELD HER, AIDEN HIT HER WITH HIS HANDS. SHE STATED THIS MAY HAVE BEEN WHEN SHE WAS BRUISED. SHE STATED AT SOME POINT HER GRANDMOTHER OFFERED TO LET HER STAY AT THEIR HOME TO GIVE HER AND HER MOM A BREAK. H.S. STATED HER MOM TRIES TO HOLD HER DOWN WHEN SHE LOOSES HER TEMPER AND SOMETIMES THEY BOTH GET HURT BECAUSE OF IT. H.S. EXPRESSED CONCERNS ABOUT GOING HOME TO HER MOTHER SINCE THE ALLEGATIONS HAD BEEN RAISED STATING HER MOTHER WOULD ABUSE HER.

AFTER TALKING WITH ALL PARTIES, MS BALDRIDGE AND I BOTH HAD CONCERNS ABOUT H.S. RETURNING HOME TODAY. MS. BALDRIDGE CONTACTED THE JUVENILE COURT AND TOOK TEMPORARY CUSTODY OF H.S. UNTIL A CUSTODY HEARING CAN BE HELD IN COURT ON TUESDAY, SEPTEMBER 8, 2015 AT 13:30 HOURS.

I ADVISED MS SINGLETON THAT H.S. WOULD BE TAKEN INTO CUSTODY AND PLACED IN FOSTER CARE FOR THE WEEKEND. I NOTIFIED HER OF THE HEARING DATE AND SCHEDULE. SHE AND MRS. GIL LEFT THE SCHOOL WITHOUT INCIDENT.

SB